



SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

**Applying the Continuous Quality Improvement
Process to Our PBHCI Initiative**

Presenters:
Stanley Street Treatment and Resources

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SSTAR – Cohort V



SSTAR in Fall River opened in 1977 as the Center for Alcohol Problems

- Started with a 20 bed alcohol detox, outpatient substance treatment, DWI program and a Women's Center
- Became a licensed mental health clinic in 1982
- Opened a Federally Qualified Health Center in 1992
- Began treating opiate addiction with Suboxone in the Health Center in 2003
- Began operating Lifeline Methadone Clinic at St. Anne's Hospital in 2009 and opened the first integrated Methadone, Primary Health and Behavioral Health Clinic in MA in 2012
- Began Open Access Model for all Assessments and for Outpatient Behavioral Health treatment in 2013

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The Focus of our improvement effort

Through completion of the BHICA, one area identified for improvement was screening for physical health in the behavioral health assessments.

Our Health Center routinely screened for mental health and addiction with new patients and on their annual physicals. The screenings were used to refer patients for mental health and addiction services.

Although questions were asked on the intake about physical health history, that did not lead to referrals for care.



Organizing the improvement team

We did not convene a formal change team for this project. However, several were consulted during the process.

Paula Beaulieu, Project Director

Robin Quintero, ABH Director

Crystal Cote-Campos, Open Access Director

Theresa Hirst, Administrative Assistant

Betty Amaralo, Admissions Coordinator

Katie Wright, Lance Tehan, Wanda Cruz, Shellise Jackson, PBHCI Care Managers



Our Improvement plan

After Completing the BHICA and choosing improvement goals at our Regional Meeting, I began looking for screening tools for consideration.

I met with the Intake clinicians during a group supervision and asked for input on how physical health issues were handled during the assessment process.

I consulted with the ABH and Open Access Directors and Administrative Assistant about the feasibility of introducing a screening into the assessment process.

The DUKE was suggested during a quarterly call along with the suggestion to pilot it soon.

Once included in the assessment, the Administrative Assistant, Admission Coordinator and Care Managers determined the process to follow.

Care Managers would score the DUKE and contact people for follow up.

After 8 weeks, the Care Managers and I met to discuss their findings and suggestions for improvement.

The accompanying flyer was revised based on their input and changes regarding scoring the DUKE were made.

This process will be monitored and will at a minimum be revised upon the end of our grant.



Impact of our improvement strategies

We are able to measure how many complete the DUKE, how many are interested in a call to explain our services and how many are connected to primary health care.

Our hope is that the message in the flyer and the DUKE is that SSTAR cares about their physical health and it's important to their behavioral health reaches our new clients.

Also our health flyers, Wellness Room, Health related groups on the schedule reinforce the importance of physical health.



Sustaining improvements and lessons learned

The current process is going smoothly with the DUKE and the accompanying flyer being include in the assessment and being sent to the Care Managers for follow up.

Another process will be developed upon grant completion, perhaps including information on what the client can do to access primary care.

Despite training in NIATx and being on change teams, I needed to be reminded that I could just pilot this, and evaluate and refine based on the outcome.

